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CONFIRMATION NO. 9585

<b>SERIAL NUMBER</b> 10/826,690	<b>FILING OR 371(c) DATE</b> 04/19/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 022290.0116C1US
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**APPLICANTS**  
 Valerie Legrand, Lyon, FRANCE;  
 Catherine Castan, Orlenas, FRANCE;  
 Remi Meyrueix, Lyon, FRANCE;  
 Gerard Soula, Meyzieu, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/492,129 07/19/2004 \* (\*)Data provided by applicant is not consistent with PTO records. *OK AS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 01/12999 10/09/2001 *AS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/25/2004**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>AS</i> Examiner's Signature	<i>AS</i> Initials			

**ADDRESS**  
32042

**TITLE**  
Microparticulate oral galenical form for the delayed and controlled release of pharmaceutical active principles

<b>FILING FEE RECEIVED</b> 1316	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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